

Public Information Request Form

Date of Request: _____

Name of Person/Party Requesting Information: _____

Requested Format: _____

Phone Number where we may call to notify you that your information is ready for pick-up or email address where you would like the information sent:

Delivery address if you prefer we mail the information: _____

What information are you requesting? _____

I understand and agree that:

1. There will not be an invasion of privacy of staff or student rights, and staff and student records will be protected to the full extent of the law.
2. No improper use of the information will be made.
3. The district will receive a copy of any report or survey made, and of any published use of the information provided. A copy of the report, survey or other published document shall be delivered to the Public Information Office, Bladen County Schools.

Submit all requests to: Bladen County Schools Public Information Office P.O. Box 37 Elizabethtown, NC 28337 Fax: (910) 862-4277
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Signed _____

Address _____

Phone Number _____

For internal use only: Received By: _____ Date Received: _____ Date Delivered: _____